

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000079583

**Entity Name:** TOP BODY SCULPTING REJUVENATION CENTER, INC.

**Current Principal Place of Business:**

1855 N. CORPORATE LAKES BLVD  
SUITE 2  
WESTON, FL 33326

**Current Mailing Address:**

1855 N. CORPORATE LAKES BLVD  
SUITE 2  
WESTON, FL 33326 US

**FEI Number: 46-1392347**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHAW, ROBIN CARAL ESQ.  
SHAPIRO BLASI ET AL., 7777 GLADES ROAD  
SUITE 400  
BOCA RATON, FL 33434 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PT  
Name            JIMENEZ, OTONIEL  
Address        1855 N. CORPORATE LAKES BLVD,  
                  SUITE 2  
City-State-Zip: WESTON FL 33326

Title            VP  
Name            RIVERA, LEDA M  
Address        1855 N. CORPORATE LAKES BLVD,  
                  SUITE 2  
City-State-Zip: WESTON FL 33326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: OTONIEL JIMENEZ**

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date